PTO/S8/17 (10-08)

Approved for use through 06/39/2010, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				plication Numb	er 10/538,4	92	Canf. No.: 7092	
FEE TRANSMITTAL				ing Date	June 09,	June 09, 2005		
For FY 2009				st Named Inver	tor Koji MA	Koji MATSUMOTO		
				aminer Name	N. SULT	N. SULTANA		
Applicant claims small entity status. See 37 CFR 1.27				t Unit	1791	1791		
TOTAL AMOUNT OF PAYMENT (\$) 490.00				torney Docket N	lo. 0020-53	0020-5382PUS1		
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METHOD OF PAYME	NT (check al	I that apply)		***************************************				
CheckCredi		Money Order	None [	Other (ples	ase identify):			
Deposit Account							olasch & Birch, LLP	
For the above-ider	ntified deposit	account, the Director is	s hereby	authorized to: (d	check all that a	(pply)		
Charge fee(	s) indicated b	slow		Charge t	fee(s) indicated	i below, exce	pt for the filing fee	
Charge any under 37 Cl under 37 Cl vARNING: Information on the office of the control of the cont	R 1.16 and 1 its form may b	come public. Credit car		hanned .	ny overpaymen be included on		vide credit card	
FEE CALCULATION								
I. BASIC FILING, SEA	RCH. AND	EXAMINATION FEE	ES					
FILING FEES SEARCH FEES EXAMINA								
Application Type	Fee (\$)	imail Entity Fee (\$) Es		nall Entity Fee (\$)		(i Entity se (\$)	Fees Paid (\$)	
Utility	330		40	270		10		
Design	220		00	50		70		
Plant	220		30					
Pians Reissue	330			165		85		
			40	270		25		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description						Fee (\$)	mall Entity Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						fultiple Dep	endent Claims	
7 - 20 or HP =		×= .	0.00			Fee (S)	Fas Paid (\$)	
HP = highest rumber of tot								
Indep. Claims 1 - 3 or HP =	Extra Clair	ns Fee (\$)	Fee Pate 0.00					
HP = highest number of ind	0 ecendent claims	paid for, if greater than 3						
. APPLICATION SIZE	FEE							
If the specification an								
		, the application size				ntity) for es	ich additional 50	
		35 U.S.C. 41(a)(1)(	(G) and	37 CFR 1.16(	s).	0 2 10-	Pro- Pro- (d)	
Total Sheets - 100 =	Extra Shee			ditional 50 or fi und up to a who			1 <u>Fee Paid (\$)</u>	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (	
Other (e.g., )atc filit				,			490.00	
	£			*************************				
BMITTED BY	7	Therene	Renie	stration No. 328		Tolonhers	700 005 0005	
(Attorney/Agent)						rarabuque	703-205-6000	
sma (Driniffi ma) Jahnaki	D-X	······································				Data Fas	many 22 0066	

This collection of information is required by \$7 CFF 1.18. The information is required to Advis or retain a benefit by the public which is to tife (and by the LISEY TO a process) an application. Confidentiality is governed by \$5 LSC, CIZ and \$7 CFF 1.14. This collection is estimated to take 90 minutes to complete. The process of the public or the public of the public of the public or the public or the public of the public or the public of the public or the pub